

\$40.00

KANSAS STATE BOARD OF PHARMACY
800 Jackson, Room 1414
Topeka, KS 66612
785-296-4056

| |
|----------------------|
| FOR OFFICE USE |
| License No. _____ |
| Licensure Date _____ |

APPLICATION FOR LICENSURE BY EXAMINATION

This application for examination is submitted pursuant to the requirements of K.S.A. 65-1631 and amendments thereto.

| | | | | | |
|-------------------------------|----------------|-------------|---------------------|-----------|--------|
| NAME | First | Middle | Maiden | Last | E-MAIL |
| MAILING ADDRESS | City | State | Zip | TELEPHONE | |
| DATE OF BIRTH | PLACE OF BIRTH | MALE/FEMALE | SOCIAL SECURITY NO. | | |
| SCHOOL OR COLLEGE OF PHARMACY | | | LOCATION | | |
| DEGREE OBTAINED | | | DATE OF DEGREE | | |

NOTICE: Your social security number is required pursuant to 42 U.S.C.s 666(a), K.S.A. 74-148 and K.S.A. 74-139, and may be used for child support enforcement purposes or provided to the Kansas director of taxation upon request.

Application is being made to take the following examination(s). _____NAPLEX _____MPJE

PHARMACEUTICAL EXPERIENCE

I certify that I have completed a minimum of one year of pharmaceutical experience as required by K.S.A. 65-1631. Proof of such experience must be on file with the Board office.

I further certify that I have not been convicted, fined, or disciplined for any violation of pharmacy or drug laws, nor am I presently charged with any such violation. I further certify that I have not been convicted of any felony, nor am I presently charged with the commission of a felony. If any statements in this paragraph are incorrect, you must attach an additional sheet explaining in detail.

I, _____, being first duly sworn, state that I am the person referred to in this application and that the statement contained therein are true in every respect.

DO NOT SIGN THIS APPLICATION UNTIL YOU ARE
INSTRUCTED TO DO SO BY THE NOTARY PUBLIC.

Signature of applicant

Subscribed and sworn to before me this _____ day of _____, 20____.

My commission expires

NOTARY PUBLIC

FOR OFFICE USE ONLY

NAPLEX

MPJE

INTERN HOURS

CERTIFICATE OF GRADUATION

This is to certify that _____

attended _____ School or College of Pharmacy

from _____ to _____

from _____ to _____

from _____ to _____

from _____ to _____

from _____ to _____

from _____ to _____

and on _____ was graduated with a degree of _____.

SIGNATURE OF DEAN OR REGISTRAR

COLLEGE SEAL

DATE

ATTACH A PHOTO OF YOURSELF
TAKEN NOT MORE THAN 60 DAYS
PRIOR TO SUBMITTING APPLICATION

(HEAD AND SHOULDERS PHOTO)

I certify that the photograph attached is a true
likeness of myself and was taken on or about

_____, 20 ____.

SIGNATURE OF APPLICANT